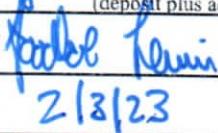


DUE DATE:

Please Read Instructions:

TRANSCRIPT ORDER

1. NAME Goodloe T. Lewis			2. PHONE NUMBER (662) 234-4000	3. DATE 2/2/2023	
4. DELIVERY ADDRESS OR EMAIL P.O. Drawer 668 (glewis@hickmanlaw.com)		5. CITY Oxford	6. STATE MS	7. ZIP CODE 38655	
8. CASE NUMBER 3:21CR107	9. JUDGE Sharion Aycock	DATES OF PROCEEDINGS 10. FROM 1/31/2023 11. TO 1/31/2023			
12. CASE NAME US v. Jamarr Smith, et al.		LOCATION OF PROCEEDINGS 13. CITY Oxford 14. STATE MS			
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS	DATE(S)	PORTION(S)	DATE(S)		
<input type="checkbox"/> VOIR DIRE		<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		Todd Matney	1/31/2023		
<input type="checkbox"/> OPENING STATEMENT (Defendant)		Stephen Matthews	1/31/2023		
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	141	599.25
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).			ESTIMATE TOTAL	599.25	
18. SIGNATURE 			PROCESSED BY		
19. DATE 2/3/23			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES	599.25	
TRANSCRIPT RECEIVED			LESS DEPOSIT	599.25	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	599.25	

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